



State of Maine
Department of the Secretary of State
Bureau of Motor Vehicles
Augusta, Maine 04333-0029
207-624-9000 ext. 52104

PETITION FOR WORK RESTRICTED LICENSE
(THIS FORM WILL NOT BE ACCEPTED UNLESS FULLY COMPLETED)

Mail completed petition to: Bureau of Motor Vehicles
OUI/HO Section
29 State House Station
Augusta ME 04333-0029

Must submit license and reinstatement fee(s) prior to consideration of your petition.

Name: _____ Date of Birth: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Social Security Number Disclosure Statement

This statement is made in accordance with the Federal Privacy Act of 1974, Section 7(b). Disclosure of your social security number is mandatory and is required by 29-A MRSA § 1301(5) and (6) to apply for or renew a driver's license or non-driver identification card. Your social security number will be used solely for identification purposes and will be kept confidential.

Social Security Number: _____ - _____ - _____

Are you currently employed? _____ yes _____ no Work Phone: _____

Are you licensed to operate in any other state? _____ yes _____ no If yes, what state? _____

Is your privilege to operate a motor vehicle under suspension in any state? _____ yes _____ no If yes, what state? _____

Have you been convicted of OUI for the offense for which you are applying for a work restricted license? _____ yes _____ no

If yes, what is the date you were convicted? _____ Court where the OUI conviction occurred: _____

Name of Employer: _____ Job title & description: _____

Address: _____ Driving time & distance to work: _____

What days of the week do you work? _____ Work Hours: Start _____ a.m./p.m. End _____ a.m./p.m.
(Circle One) (Circle One)

Is driving part of your job other than to and from work? _____ Yes _____ No

Name & Title of your immediate supervisor at work: _____

Additional work information: _____

ATTENTION: The time that you are driving on a work-restricted license will not count as suspension time if you are convicted or adjudicated of an OUI offense.

NOTE: If you have more than one employer, a separate petition must be completed for each employer. If you are self-employed, you must submit information showing your self-employment, such as the names and numbers of any special licenses, business cards, business checks, business letterhead, state or federal tax returns, seller's or tax certificates, etc.

I hereby authorize the Secretary of State to contact my employer to confirm the above information.

Signature of Applicant _____

WARNING: Making a false statement on this form is a criminal offense and may result in revocation of a restricted license. If you commit any motor vehicle violations while in possession of a restricted license, or violate the restrictions imposed on your license, the restricted license will be suspended.

EMPLOYER VERIFICATION OF WORK STATEMENT

I verify that the above information is true and that I expect this employee to be employed by me for the immediate future.

Employer's Signature _____